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## \*BIBDATASHEET\*

CONFIRMATION NO. 7420

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/895,814	<b>FILING OR 371(c) DATE</b> 06/29/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 210121.427C26
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/852,911 05/09/2001 ABN and is a CIP of 09/780,669 02/09/2001 ABN  
and is a CIP of 09/759,143 01/12/2001 PAT 6,800,746  
and is a CIP of 09/709,729 11/09/2000 ABN  
and is a CIP of 09/685,166 10/10/2000 PAT 6,630,305  
and is a CIP of 09/679,426 10/02/2000 PAT 6,759,515  
and is a CIP of 09/657,279 09/06/2000 PAT 6,894,146  
and is a CIP of 09/651,236 08/29/2000 PAT 6,818,751

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
10/30/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

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## TITLE

COMPOSITIONS AND METHODS FOR THE THERAPY AND DIAGNOSIS OF PROSTATE CANCER

<b>FILING FEE RECEIVED</b> 1656	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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